

City of San José
Human Resources Department

2008 Health and In-Lieu Plan Semi-Monthly Rates

Effective from 3/9/2008 (PP 7) through 12/31/2008 (PP 26)

CAMP, CEO, IBEW, MEF, OE3 and POA						
(Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs						
Employee Contribution	21.71	54.06	26.77	84.13	125.37	337.77
City Contribution	195.85	487.66	196.04	488.23	196.35	489.01
Total	217.56	541.72	222.81	572.36	321.72	826.78
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs						
Employee Contribution	70.67	175.97	75.78	206.18	174.45	460.02
City Contribution	146.89	365.75	147.03	366.18	147.27	366.76
Total	217.56	541.72	222.81	572.36	321.72	826.78
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs						
Employee Contribution	95.15	236.93	100.28	267.21	199.00	521.14
City Contribution	122.41	304.79	122.53	305.15	122.72	305.64
Total	217.56	541.72	222.81	572.36	321.72	826.78
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs						
Employee Contribution	119.63	297.89	124.79	328.24	223.54	582.27
City Contribution	97.93	243.83	98.02	244.12	98.18	244.51
Total	217.56	541.72	222.81	572.36	321.72	826.78

ABMEI, AEA, AMSP, IAFF, Unit 99 (Executive Mgmt) and Unrepresented						
(Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs						
Employee Contribution	20.58	51.25	34.23	102.55	135.51	363.01
City Contribution	185.95	463.01	185.91	462.97	186.21	463.77
Total	206.53	514.26	220.14	565.52	321.72	826.78
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs						
Employee Contribution	67.06	167.00	80.70	218.29	182.06	478.95
City Contribution	139.47	347.26	139.44	347.23	139.66	347.83
Total	206.53	514.26	220.14	565.52	321.72	826.78
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs						
Employee Contribution	90.31	224.87	103.94	276.16	205.33	536.92
City Contribution	116.22	289.39	116.20	289.36	116.39	289.86
Total	206.53	514.26	220.14	565.52	321.72	826.78
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs						
Employee Contribution	113.55	282.75	127.18	334.03	228.61	594.89
City Contribution	92.98	231.51	92.96	231.49	93.11	231.89
Total	206.53	514.26	220.14	565.52	321.72	826.78

Health In-Lieu Plan Payments		
Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 35+ Hours)		
Payments are made every payday, are taxable, and are subject to withholding		
CAMP, CEO, IBEW, MEF, OE3 & POA	ABMEI, AEA, AMSP, IAFF, Unit 99 & Unrepresented	
If eligible for family coverage	225.07	213.70
If <u>not</u> eligible for family coverage	90.39	85.82

2007-08 Dental and In-Lieu Plan Rates (Semi-Monthly)

Effective from 7/1/2007 (PP 14) through 6/30/2008 (PP 13)

All Benefited Employees		
(Dental premiums are deducted the first 2 paydays of each month, and are pre-tax)		
	Delta Dental PPO	DeltaCare HMO
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs		
Employee Contribution	2.48	None
City Contribution	47.23	25.05
Total	49.71	25.05
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs		
Employee Contribution	14.28	6.26
City Contribution	35.43	18.79
Total	49.71	25.05
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs		
Employee Contribution	20.19	9.39
City Contribution	29.52	15.66
Total	49.71	25.05
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs		
Employee Contribution	26.09	12.52
City Contribution	23.62	12.53
Total	49.71	25.05

Dental In-Lieu Plan Payments	
Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 35+ Hours) Payments are made every payday, are taxable, and are subject to withholding	
All Benefited Employees	
If eligible for family coverage	21.80
If <u>not</u> eligible for family coverage	21.80